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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/970,443         | 10/02/2001          | Donald O. Castell     | 18596-004              |

## CONFIRMATION NO. 9610

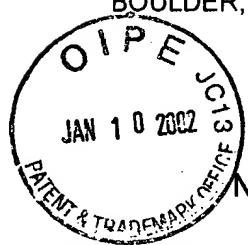
28286  
 IP PATENTS  
 CHRISMAN, BYNUM & JOHNSON, P.C.  
 1900 FIFTEENTH STREET  
 BOULDER, CO 80302

## FORMALITIES LETTER



\*OC000000007040425\*

Date Mailed: 11/08/2001



## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

## FILED UNDER 37 CFR 1.53(b)

01/16/2002 BABRAHA1 00000012 09970443

01 FC:201                    370.00 DP  
 02 FC:205                    65.00 DP  
 03 FC:203                    747.00 DP

## Filing Date Granted

An application number ~~09/970,443~~ date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 370 to complete the basic filing fee for a small entity.*
- Total additional claim fee(s) for this application is \$971.
  - \$747 for 83 total claims over 20.
  - \$84 for 2 independent claims over 3 .
  - \$140 for multiple dependent claim surcharge.
- The signature of the following inventor(s) is missing from the oath or declaration:  
*Donald O. Castell*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 1406.**

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- An abstract was not provided for this application. An abstract of the technical disclosure is required under 37 CFR 1.72(b).

00/21/2002 MTEKLEM 00000006 031725 09970443

01 FC:203 45.00 CH

01/16/2002 BABRAHA1 00000012 09970443

|           |           |
|-----------|-----------|
| 01 FC:201 | 370.00 DP |
| 02 FC:205 | 65.00 DP  |
| 03 FC:203 | 747.00 DP |
| 04 FC:202 | 84.00 DP  |
| 05 FC:204 | 140.00 DP |

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# TRANSMITTAL FORM

*(for use after initial filing)*

Total Number of Pages in This Submission

16

|                      |                  |
|----------------------|------------------|
| Application Number   | 09/970,443       |
| Filing Date          | October 2, 2001  |
| First Named Inventor | Castell et al.   |
| Group Art Unit       | 3736             |
| Examiner Name        | Not yet assigned |

Attorney Docket Number

18596-004

## ENCLOSURES (check all that apply)

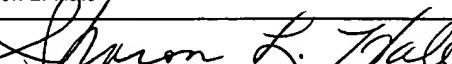
|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 sheet)<br><input checked="" type="checkbox"/> Fee Attached<br>Check no. 88229/\$1406.00 | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address of Donald O. Castell (1 sheet)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s)<br><i>(please identify below):</i> |
| Remarks<br><hr/>  |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | Chad C. Soliz, Reg. No. 47,101  |
| Signature               |  |
| Date                    | December 3, 2001  |

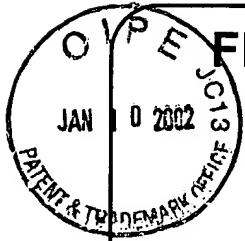
## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

|                       |   |
|-----------------------|---|
| Typed or printed name | Sharon L. Hale  |
| Signature             |  |
| Date                  | December 3, 2001  |

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# FEET TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$ 1406)

| Complete if Known    |                  |
|----------------------|------------------|
| Application Number   | 09/970,443       |
| Filing Date          | October 2, 2001  |
| First Named Inventor | Castell et al.   |
| Examiner Name        | Not yet assigned |
| Group / Art Unit     | 3736             |
| Attorney Docket No.  | 18596-004        |

| METHOD OF PAYMENT (check one)   |          |                       |                       | FEE CALCULATION (continued)  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
|---|----------|-----------------------|-----------------------|--|----------------|----------|--|-----------------------|----------|----------|-----------------------|-----------------------|----------|-----------------------|----------|-----|-----|-------------------------------------|-----|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|---------------------------|-----|-----|-------|-----|-------|--|--|-----|------|---------------------|------|--|--|-----|--------|-----|--------|---|-----|--------|------|--------------|----------------|--|--|--------------------|-----|-------|-----|---|-------|-----|-----|--------------------|-----|--|--|------|-------|-----|-----|---|--|-----|-------|-------|-------|--|--|-----------------------|----------|-----------------------|----------|------------------|----------|-----|-----|-----|-----|--|---|------------------------|-----|-----|-----|--------------------------|----|-----|-------|-----------------------------------|-------|---|--|-----|-----|-----|-----|---------------------------------------|--|-----|-------|-----|-----|------------------------------------|----|--|-------|-----|-----|--------------------------------|----|-----|-----|--|-----|------------------|--|-----------------------|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|--------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|--|--|-----------------------------------|--|--|--|----------------------|--|--|--|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number: 03-1725  |          |                       |                       | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive – unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="4"></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="4">SUBTOTAL (3) (\$ 65)</td> </tr> </tbody> </table> |                |          |  | Large Entity Fee Code | Fee (\$) | Fee Code | Small Entity Fee (\$) | Fee Description       | Fee Paid | 105                   | 130      | 205 | 65  | Surcharge - late filing fee or oath | 65  | 127 | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet. |     | 139 | 130 | 139 | 130 | Non-English specification |     | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112                 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |     | 115    | 110  | 215          | 55             | Extension for reply within first month |  | 116                | 400 | 216   | 200 | Extension for reply within second month |       | 117 | 920 | 217                | 460 | Extension for reply within third month |  | 118  | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228   | 980   | Extension for reply within fifth month |  | 119                   | 320      | 219                   | 160      | Notice of Appeal |          | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |   | 121                    | 280 | 221 | 140 | Request for oral hearing |    | 138 | 1,510 | 138                               | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55  | Petition to revive – unavoidable      |  | 141 | 1,280 | 241 | 640 | Petition to revive – unintentional |    | 142  | 1,280 | 242 | 640 | Utility issue fee (or reissue) |    | 143 | 460 | 243  | 230 | Design issue fee |  | 144                   | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$ 65) |  |  |  |
| Large Entity Fee Code   | Fee (\$) | Fee Code              | Small Entity Fee (\$) | Fee Description  | Fee Paid       |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 105   | 130      | 205                   | 65                    | Surcharge - late filing fee or oath  | 65             |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 127   | 50       | 227                   | 25                    | Surcharge - late provisional filing fee or cover sheet.  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 139   | 130      | 139                   | 130                   | Non-English specification  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 147   | 2,520    | 147                   | 2,520                 | For filing a request for reexamination   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 112   | 920*     | 112                   | 920*                  | Requesting publication of SIR prior to Examiner action   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 113   | 1,840*   | 113                   | 1,840*                | Requesting publication of SIR after Examiner action  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 115   | 110      | 215                   | 55                    | Extension for reply within first month   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 116   | 400      | 216                   | 200                   | Extension for reply within second month  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 117   | 920      | 217                   | 460                   | Extension for reply within third month   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 118   | 1,440    | 218                   | 720                   | Extension for reply within fourth month  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 128   | 1,960    | 228                   | 980                   | Extension for reply within fifth month   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 119   | 320      | 219                   | 160                   | Notice of Appeal   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 120   | 320      | 220                   | 160                   | Filing a brief in support of an appeal   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 121   | 280      | 221                   | 140                   | Request for oral hearing   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 138   | 1,510    | 138                   | 1,510                 | Petition to institute a public use proceeding  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 140   | 110      | 240                   | 55                    | Petition to revive – unavoidable   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 141   | 1,280    | 241                   | 640                   | Petition to revive – unintentional   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 142   | 1,280    | 242                   | 640                   | Utility issue fee (or reissue)   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 143   | 460      | 243                   | 230                   | Design issue fee   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 144   | 620      | 244                   | 310                   | Plant issue fee  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 122   | 130      | 122                   | 130                   | Petitions to the Commissioner  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 123   | 50       | 123                   | 50                    | Processing fee under 37 CFR 1.17 (q)   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 126   | 180      | 126                   | 180                   | Submission of Information Disclosure Stmt  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 581   | 40       | 581                   | 40                    | Recording each patent assignment per property (times number of properties)   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 146   | 740      | 246                   | 370                   | Filing a submission after final rejection (37 CFR § 1.129(a))  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 149   | 740      | 249                   | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 179   | 740      | 279                   | 370                   | Request for Continued Examination (RCE)  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 169   | 900      | 169                   | 900                   | Request for expedited examination of a design application  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| Other fee (specify) _____   |          |                       |                       |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| *Reduced by Basic Filing Fee Paid   |          |                       |                       | SUBTOTAL (3) (\$ 65)   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |          |                       |                       |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| <b>FEE CALCULATION</b> <table border="1"> <thead> <tr> <th colspan="4">1. BASIC FILING FEE</th> </tr> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$ 370)</td> </tr> <tr> <th colspan="8">2. EXTRA CLAIM FEES</th> </tr> <tr> <th>Total Claims</th> <th>103</th> <th>-20 **</th> <th>= 83</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> <th></th> </tr> <tr> <td>Independent Claims</td> <td>5</td> <td>-3 **</td> <td>= 2</td> <td>X 9</td> <td>= 747</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td>1</td> <td></td> <td></td> <td>X 42</td> <td>= 84</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>X 140</td> <td>= 140</td> <td></td> <td></td> </tr> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> <th></th> <th></th> </tr> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td><td></td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td><td></td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td><td></td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td><td></td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td><td></td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (2) (\$ 971)</td> <td colspan="4"></td> </tr> </tbody> </table> |          |                       |                       |  |                |          |  | 1. BASIC FILING FEE   |          |          |                       | Large Entity Fee Code | Fee (\$) | Small Entity Fee Code | Fee (\$) | 101 | 740 | 201                                 | 370 | 106 | 330 | 206 | 165 | 107   | 510 | 207 | 255 | 108 | 740 | 208                       | 370 | 114 | 160   | 214 | 80    | SUBTOTAL (1) (\$ 370)                  |  |     |      | 2. EXTRA CLAIM FEES |      |  |  |     |        |     |        | Total Claims  | 103 | -20 ** | = 83 | Extra Claims | Fee from below | Fee Paid                               |  | Independent Claims | 5   | -3 ** | = 2 | X 9                                     | = 747 |     |     | Multiple Dependent | 1   |  |  | X 42 | = 84  |     |     |   |  |     |       | X 140 | = 140 |  |  | Large Entity Fee Code | Fee (\$) | Small Entity Fee Code | Fee (\$) | Fee Description  | Fee Paid |     |     | 103 | 18  | 203                                    | 9 | Claims in excess of 20 |     |     |     | 102                      | 84 | 202 | 42    | Independent claims in excess of 3 |       |   |  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |  |     |       | 109 | 84  | 209                                | 42 | ** Reissue independent claims over original patent |       |     |     | 110                            | 18 | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  | SUBTOTAL (2) (\$ 971) |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1. BASIC FILING FEE   |          |                       |                       |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| Large Entity Fee Code   | Fee (\$) | Small Entity Fee Code | Fee (\$)              |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 101   | 740      | 201                   | 370                   |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 106   | 330      | 206                   | 165                   |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 107   | 510      | 207                   | 255                   |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 108   | 740      | 208                   | 370                   |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 114   | 160      | 214                   | 80                    |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| SUBTOTAL (1) (\$ 370)   |          |                       |                       |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 2. EXTRA CLAIM FEES   |          |                       |                       |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| Total Claims  | 103      | -20 **                | = 83                  | Extra Claims   | Fee from below | Fee Paid |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| Independent Claims  | 5        | -3 **                 | = 2                   | X 9  | = 747          |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| Multiple Dependent  | 1        |                       |                       | X 42   | = 84           |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
|   |          |                       |                       | X 140  | = 140          |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| Large Entity Fee Code   | Fee (\$) | Small Entity Fee Code | Fee (\$)              | Fee Description  | Fee Paid       |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 103   | 18       | 203                   | 9                     | Claims in excess of 20   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 102   | 84       | 202                   | 42                    | Independent claims in excess of 3  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 104   | 280      | 204                   | 140                   | Multiple dependent claim, if not paid  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 109   | 84       | 209                   | 42                    | ** Reissue independent claims over original patent   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| 110   | 18       | 210                   | 9                     | ** Reissue claims in excess of 20 and over original patent   |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| SUBTOTAL (2) (\$ 971)   |          |                       |                       |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |          |                       |                       |  |                |          |  |                       |          |          |                       |                       |          |                       |          |     |     |                                     |     |     |     |     |     |   |     |     |     |     |     |                           |     |     |       |     |       |  |  |     |      |                     |      |  |  |     |        |     |        |   |     |        |      |              |                |  |  |                    |     |       |     |   |       |     |     |                    |     |  |  |      |       |     |     |   |  |     |       |       |       |  |  |                       |          |                       |          |                  |          |     |     |     |     |  |   |                        |     |     |     |                          |    |     |       |                                   |       |   |  |     |     |     |     |                                       |  |     |       |     |     |                                    |    |  |       |     |     |                                |    |     |     |  |     |                  |  |                       |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                      |  |  |  |

| SUBMITTED BY      |                      |                                  |        |           |                  | Complete (if applicable) |
|-------------------|----------------------|----------------------------------|--------|-----------|------------------|--------------------------|
| Name (Print/Type) | Chad C. Soliz        | Registration No. Attorney/Agent) | 47,101 | Telephone | 303-546-1300     |                          |
| Signature         | <i>Chad C. Soliz</i> |                                  |        | Date      | December 3, 2001 |                          |

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